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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right Knee Arthroscopic Lateral Release Patella Femoral Microfracture & Medial Retinaculum Patella Femoral Ligamentum

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified, Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines

Adverse Determination Letters, 10/1/09, 2/4/10
(undated)

Orthopaedic Surgery Group, 9/29/09, 9/25/09, 9/24/09, 9/23/09, 1/13/10, 12/14/09, 10/26/09, 9/24/09, 8/25/09, 7/28/09, 7/24/09, 7/17/09

Specialty Hospital, 4/29/09

2/4/10, 12/1/09

2/3/10

10/1/09

PATIENT CLINICAL HISTORY SUMMARY

A right knee arthroscopy was completed on April 29, 2009. There was a lateral and chondromalacia patella noted at surgery. Post-operative pain complaints limited post-operative rehabilitation and physical therapy. Subsequent physical therapy notes reported a full range of motion. There is a copy of an FCE noting this patient to be 5'4" 219 lbs and hypertensive.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

THIS REQUEST IS FOR A CHONDROPLASTY TO ADDRESS THE CHONDROMALACIA PATELLA NOTED IN THIS CLAIMANT. THERE IS NO OBJECTIFICATION OF FRACTURE. PRIOR REVIEWERS NOTED A LACK OF COMPETENT, OBJECTIVE AND

INDEPENDENTLY CONFIRMABLE MEDICAL EVIDENCE TO SUPPORT THE REQUEST. A REVIEW OF THE PROGRESS NOTES INDICATES THAT THIS PATIENT WAS DOING WELL WITH CONSERVATIVE CARE FOR THE CHONDROMALACIA PATELLA, BUT THAT THERE IS AN ELEMENT OF PAIN. THE GUIDELINES DO NOT SUPPORT ARTHROSCOPIC DEBRIDEMENT FOR CHONDROMALACIA PATELLA AND ARTHRITIS.

THE DIVISION MANDATED OFFICIAL DISABILITY GUIDELINES STATE:

RECOMMENDED AS INDICATED BELOW. NOT RECOMMENDED AS A PRIMARY TREATMENT FOR **OSTEOARTHRITIS**, SINCE ARTHROSCOPIC SURGERY FOR KNEE OSTEOARTHRITIS OFFERS NO ADDED BENEFIT TO OPTIMIZED PHYSICAL THERAPY AND MEDICAL TREATMENT. (KIRKLEY, 2008) SEE ALSO MENISCECTOMY.

ODG INDICATIONS FOR SURGERY™ -- CHONDROPLASTY:

CRITERIA FOR CHONDROPLASTY (SHAVING OR DEBRIDEMENT OF AN ARTICULAR SURFACE), REQUIRING ALL OF THE FOLLOWING:

1. **CONSERVATIVE CARE:** MEDICATION. OR PHYSICAL THERAPY. PLUS
2. **SUBJECTIVE CLINICAL FINDINGS:** JOINT PAIN. AND SWELLING. PLUS
3. **OBJECTIVE CLINICAL FINDINGS:** EFFUSION. OR CREPITUS. OR LIMITED RANGE OF MOTION. PLUS
4. **IMAGING CLINICAL FINDINGS:** CHONDRAL DEFECT ON MRI (WASHINGTON, 2003) (HUNT, 2002) (JANECKI, 1998)

IN THIS CASE, #4 (ABOVE) HAS NOT BEEN MET AND THERE IS NO DATA PRESENTED TO SUPPORT THE REQUEST. THEREFORE, THE REVIEWER FINDS THAT MEDICAL NECESSITY DOES NOT EXIST FOR RIGHT KNEE ARTHROSCOPIC LATERAL RELEASE PATELLA FEMORAL MICROFACTURE & MEDIAL RETINACULUM PATELLA FEMORAL LIGAMENTUM.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)